



Northern Illinois Beekeepers Association - (NIBA)

2017 Application for Membership

Check One: _____ Renewal Membership _____ New Membership

Check One: _____ Individual Membership - \$20 _____ Family Membership - \$30

(Includes Membership in the Illinois State Beekeepers Association)

The NIBA Membership year is January to December
Membership Dues accepted January through August

Name(s):

Address:

City: _____ State: ____ Zip: _____ Phone: _____

Email addresses (please list all members if you have a family membership):

If you do not have email, add \$5.00 to membership for handling.

____ I would like to order a NIBA name tag(s) for \$12.00 each.

Name tag(s) should read:

Please complete the following:

I have been a NIBA Member since _____ (year) I plan to have _____ colonies/hives this season

I have been a beekeeper for about _____ years

Check all that apply: _____ I sell honey _____ willing to remove Bees from buildings

_____ willing to coach/mentor _____ swarm catcher

Personal skills I would be willing to donate to NIBA (i.e. Beekeeping Experience, Accounting, Webmaster, Event Planning, Carpentry, Legal, Business Management, Retail Knowledge, any other, etc.)

Skills:

Print and complete this form. Make check payable to **Northern Illinois Beekeepers Association** and mail to: NIBA Membership, c/o Ralph Brindise, 517 Northlake Road, Lakemoor, IL 60051